



New Jersey Office of the Attorney General

Division of Consumer Affairs
 State Real Estate Appraiser Board
 124 Halsey Street, 3rd Floor, P.O. Box 45032
 Newark, New Jersey 07101
 (973) 504-6480

Supervisor Appraisal Assignment Form

Check all that apply.

Name of Trainee: _____

Trainee Permit Number: _____

Appraisal Date	Location and Address of Appraised Property	City and State of Appraised Property	Name of Client	Type of Property Appraised	Intent Use of The Appraisal Report	I. Land / Site Appraised Property	II. Building Inspection & Descriptions	III. Neighborhood Description & Analysis	IV. Highest & Best Use Analysis	V. Research & Analysis of Comparable Sales	VI. Cost Analysis	VII. Income Analysis	VIII. Sales Adjustment Analysis	IX. Correction / Reconciliation of Data- Final Value
1/1/0000	000 Halsey Street	Newark, NJ	Appraisal Bank	Multi Family	Purchase	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the appropriate boxes to describe the nature and extent of the assistance rendered by each trainee who provided services on the appraisal assignment.

Pursuant to N.J.A.C. 13:40A-4.6(7) this signed statement shall be placed in the work file of the appraisal assignment.

Supervisor Name: (PRINT)

Certification Number

Signature of Supervisor

Date